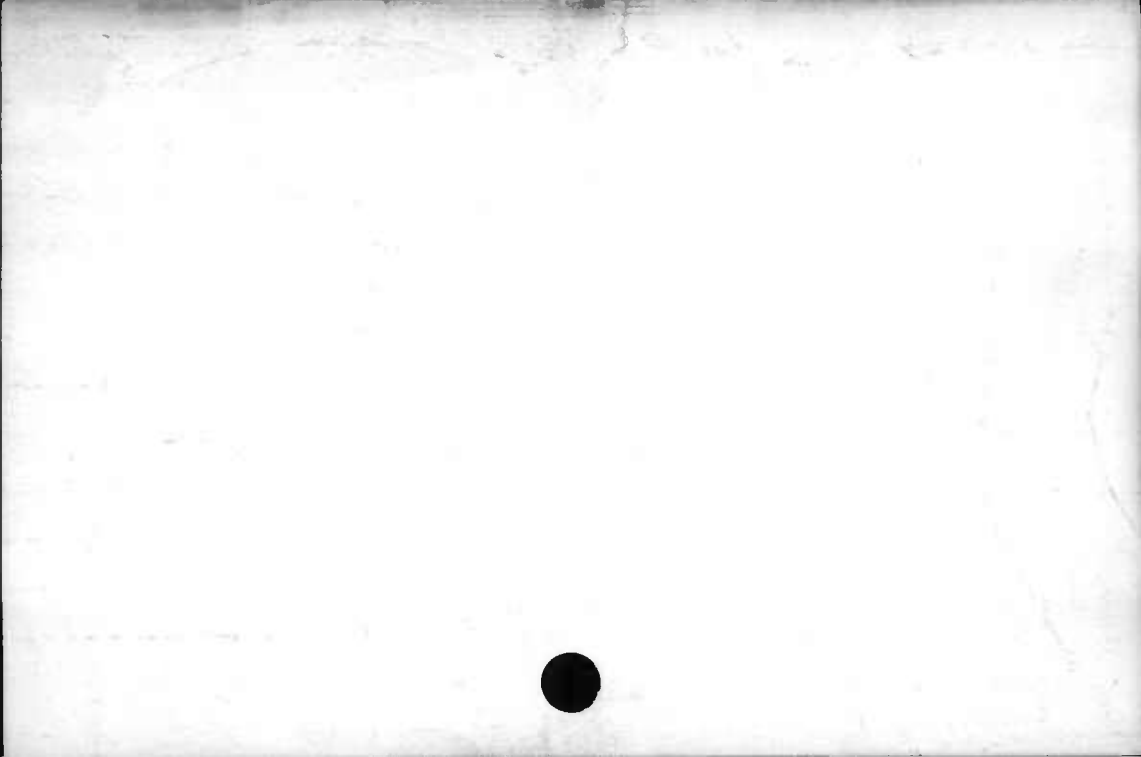


Name in Full		- Infant -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>D. P. Essex</i> Town			<i>Barre</i> County			MARYLAND
	Date of death <i>1905</i> Month <i>January</i> Day <i>12</i>		Age <i>0</i> Years		Months <i>0</i>		Days <i>0</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>D. P. Essex Md</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>			
	Father's Name <i>Harry Albough</i>			Father's Birthplace <i>Frederick C. Md</i>			
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Gertrude May Adams</i>			Mother's Birthplace <i>—</i>			
	Name of person giving information <i>H. Albough</i>			How related to deceased <i>Father</i>			
	CAUSES OF DEATH						
	Primary <i>S.</i>			How long			
Immediate <i>Protracted birth</i>			How long				
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>C. H. Diller</i>				
			Address <i>D. P. Essex Md</i>				
Accident or Suicide?							



Name
in
Full

Still Born Infant,

CERTIFICATE OF DEATH

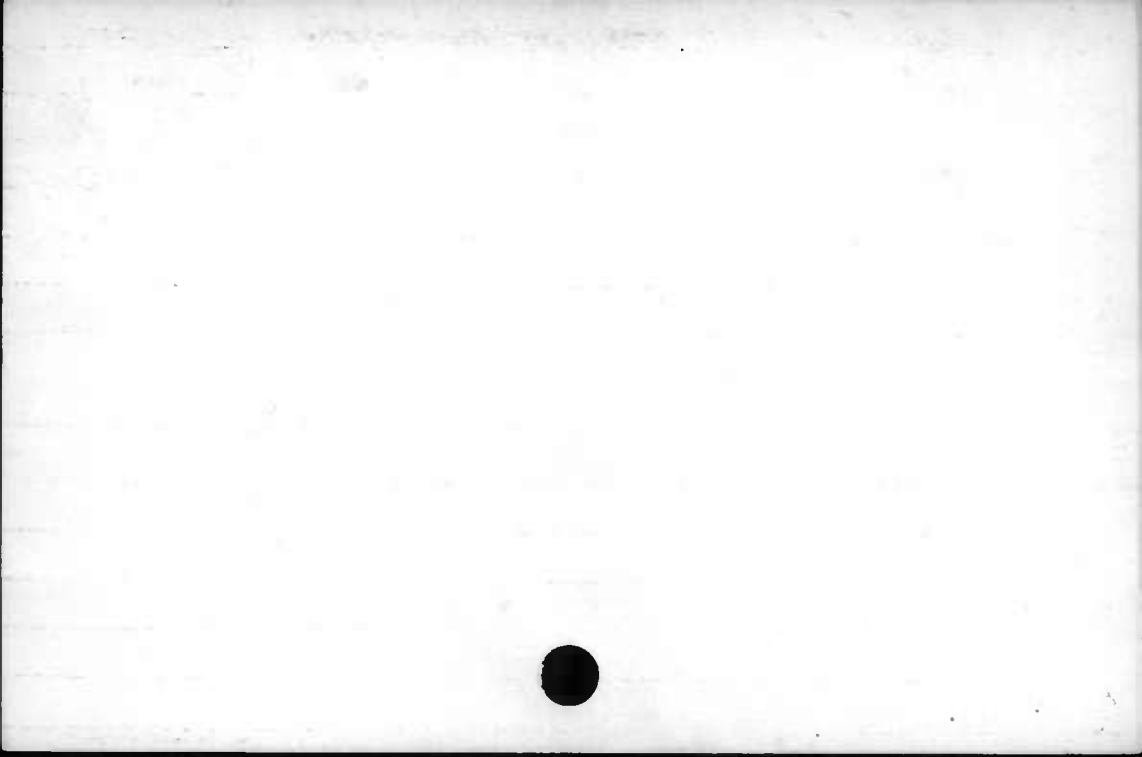
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampstead</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1905	Month	Jan	Day	30	Age	Years
Sex	Female		Color or Race	White		Birth-place	Hampstead.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wm H. Armacoost		Father's Birthplace		Md	
Mother's Maiden Name		Mattie Routson		Mother's Birthplace		Md	
Name of person giving information		Wm H. Armacoost		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born S.</i>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<i>B. C. Wells M.D.</i>
			Address	<i>Hampstead Md.</i>
Accident or Suicide?				



Name
In
Full

William Augustin Arnold.

CERTIFICATE OF DEATH

Died at ^{Town} Paeysboron ^{County} Carroll MARYLAND

Date of death 1905 Jan. 4 Age 8 Months 1 Days 16

Sex male Color or Race white Birth place Paeysboron, Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name George A Arnold Father's Birthplace Paeysboron, Md.

Mother's Maiden Name Catharine Weaver Mother's Birthplace Adams Co

Name of person giving Information Father How related to deceased Father

CAUSES OF DEATH

Primary Chronic Nephritis How long one year

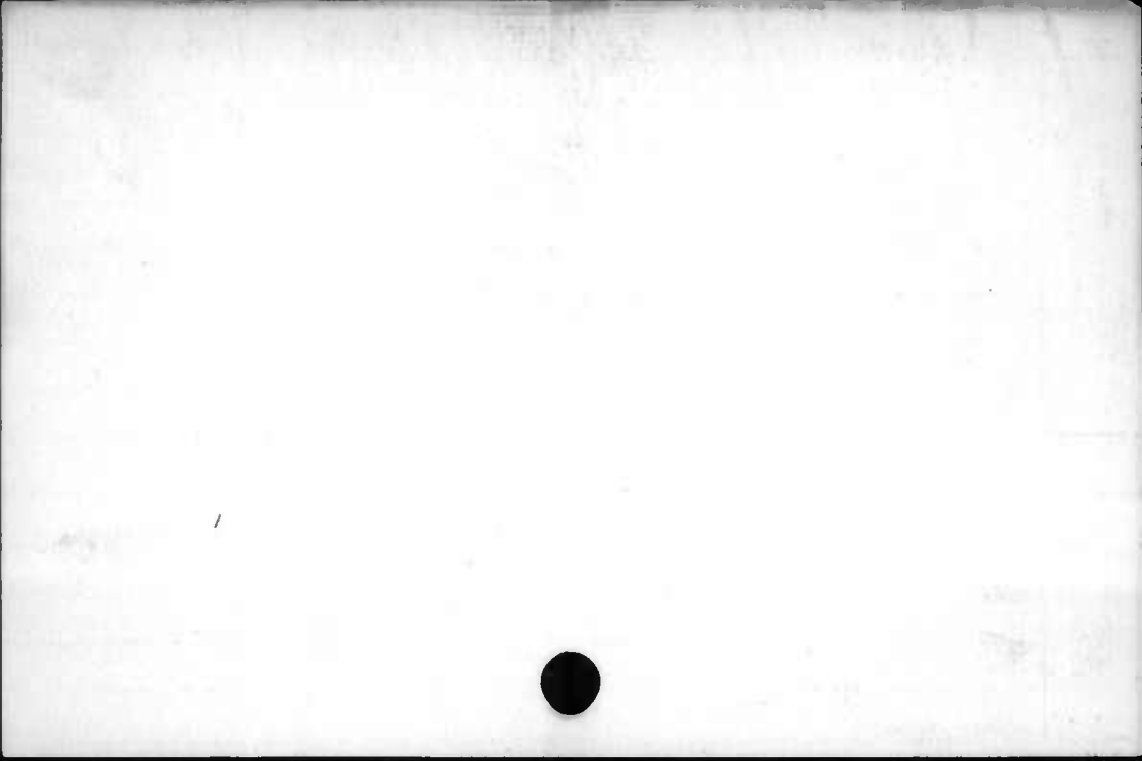
Immediate Exhaustion How long one week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician F. H. Seiss.

Address Paeysboron, Md.

Accident or Suicide? 2

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Milton L. Bellison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

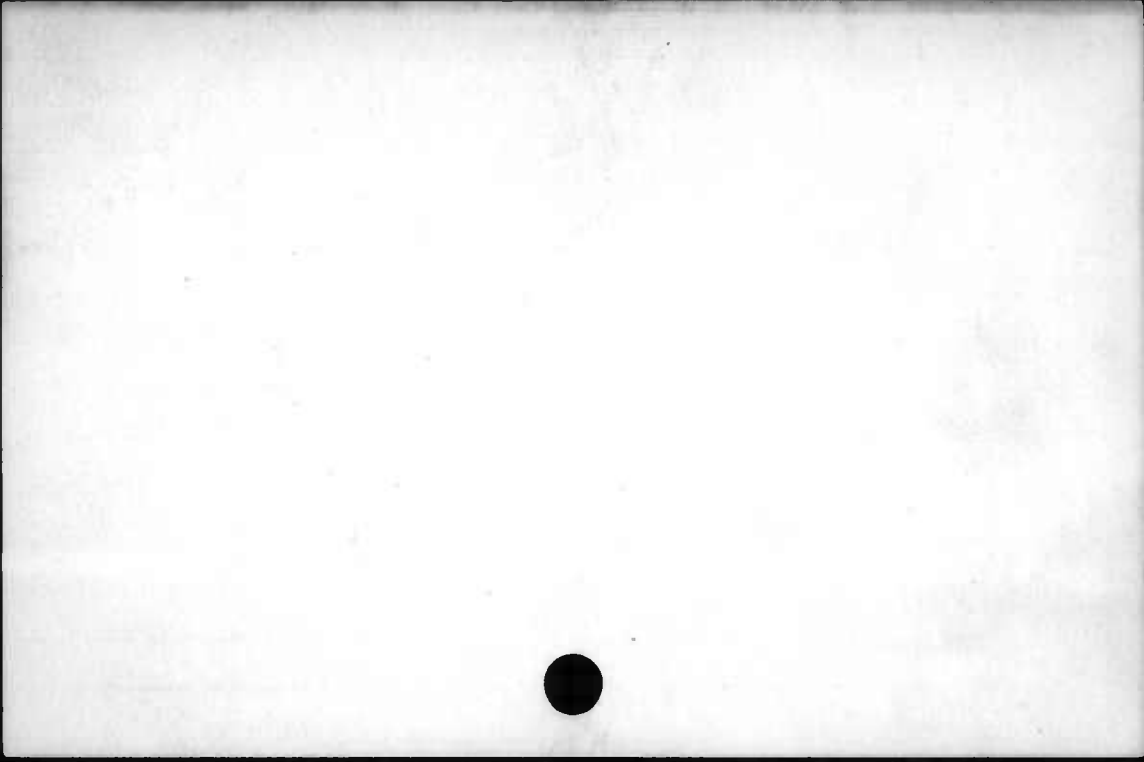
MARYLAND

Died at		Town <i>Gist</i>		County <i>Canoll</i>			
Date of death		1905	Month <i>1</i>	Day <i>27</i>	Age <i>61</i>	Years <i>61</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Canoll Co.</i>			
Occupation <i>Black Smith</i>		Where Residing if not at place of death <i>Gist</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clarace Bellison</i>					
Father's Name <i>Richard Bellison</i>		Father's Birthplace <i>Canoll Co.</i>					
Mother's Maiden Name <i>Rebecca Bellison</i>		Mother's Birthplace <i>Canoll Co.</i>					
Name of person giving Information <i>Cody Bellison</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	<i>Consumption</i>	How long	<i>2 yrs.</i>
Immediate	<i>Consumption</i>	How long	<i>"7"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>No. Dr. in attendance</i>	
		Address <i>J. F. Haff, San Yndutaker, Kent-Id. Md.</i>	
Accident or Suicide?			



Name
in
Full

Salla Blocher

CERTIFICATE OF DEATH

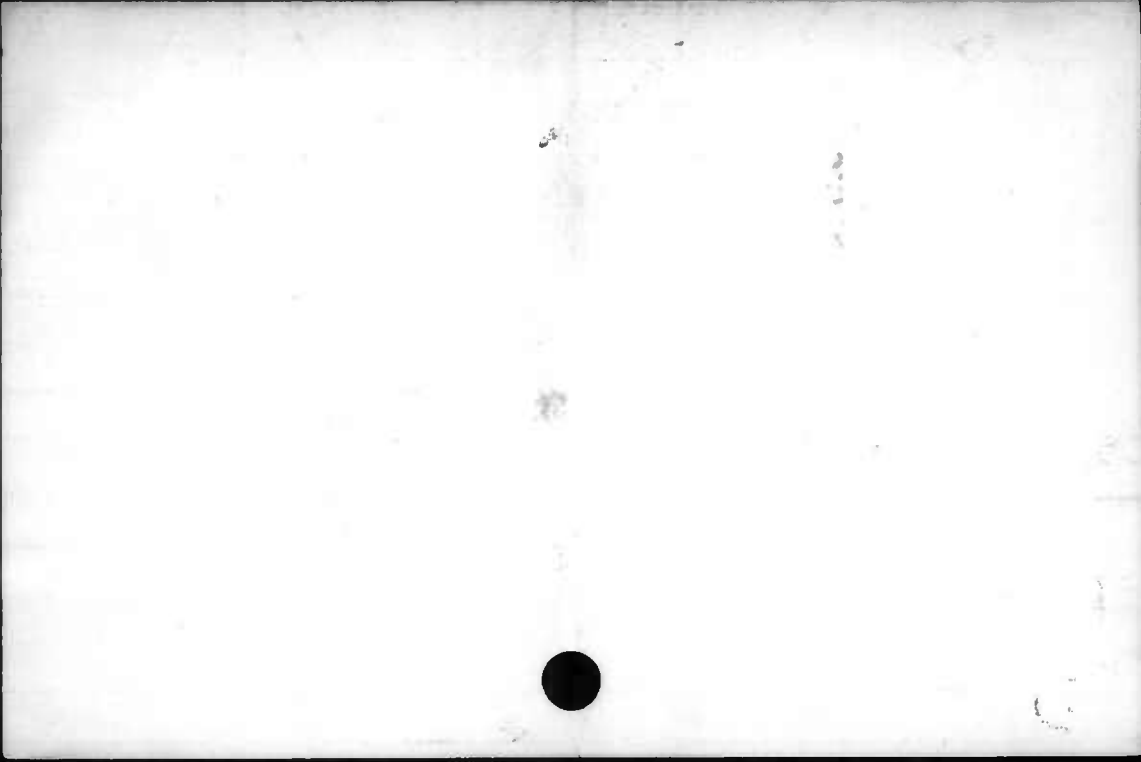
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hampstead		County Canoe		MARYLAND	
Date of death 190	Month 5	Day 10	Age 80	Years 10	Months 29	Days	
Sex Female	Color or Race White		Birth- place York Co Pa				
Married, Single or Widowed Married			Occupation House work				
Name of Wife or Husband John M. Blocher							
Father's Name Reverend Rhysel				Father's Birthplace York Co Pa			
Mother's Maiden Name Barbara Steffen				Mother's Birthplace Pa			
Name of person giving Information Miss Long Ruby				How related to deceased No Relation			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Over Exertion	How long	Sudden Death
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. F. Richards	
Address		Hampstead Canoe	
Accident or Suicide?			



Name
in
Full

Peter, A. Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tannery		County Carroll		MARYLAND	
Date of death		1905	Month Jan	Day 11	Age 63	Years 3	Months 3
Sex		Male		Color or Race White		Birth place Carroll Co	
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Margeline Bowman	
Father's Name		Arthur Bowman		Father's Birth place		Carroll Co	
Mother's Maiden Name		Matilda Lorall		Mother's Birth place		Carroll Co	
Name of person giving information		Ed. Bowman		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis & Cystitis	How long	Several years
Immediate	Uremia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		P. C. Woodward	
Address		Westminster Md	
Accident or Suicide?		No	

Stones

Name in Full

Certificate of Death

Barbara Brower

Died at ^{Town} Alexia ^{County} Carroll MARYLAND

Date 1905- Jan 25 - Age 71 - Y. M. D. - Native of Maryland Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Benjamin Brower

Wife

Father's Name Samuel Miller

Mother's Name 154

Cause of Death { Primary Complication of diseases
Immediate & General debility -

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by J H Sherman M.D.

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
In
Full

Gwendola Brewington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sykesville* TownCounty *Carroll*Date of death *1905*Month *1st*Day *31st*Age *17* Years

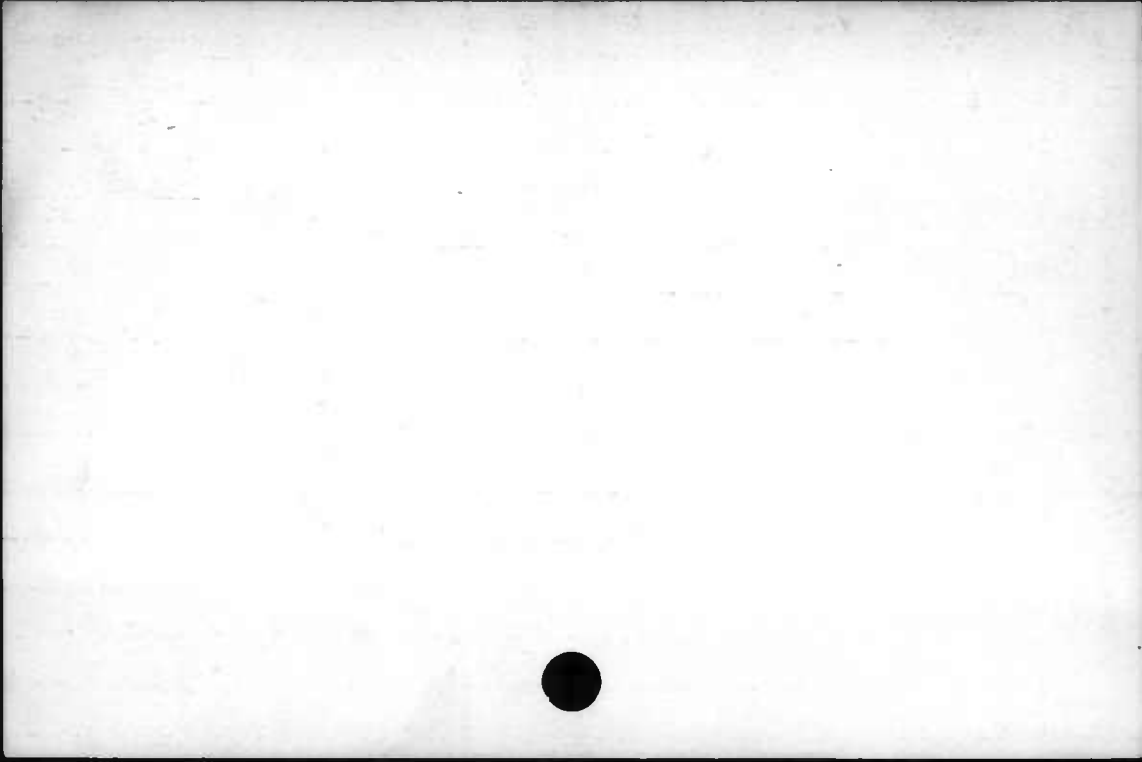
Months

Days

Sex *Female*Color or Race *White*Birthplace *Md (Somerset Co)*Occupation *None*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
Husband *-*Father's
Name *Not known*Father's
Birthplace *Unknown*Mother's
Maiden Name *" "*Mother's
Birthplace *"*Name of person giving
Information *" "*How related
to deceased *"*

CAUSES OF DEATH

Primary *Phtisis Pulmonalis*How long *about 2 months*Immediate *Exhaustion*How long *-*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of Physician *John Norfolk Morris M.D.*Address *Springfield State Hospital,*Accident or Suicide? *No.**Sykesville, Carroll Co - Md.*PHYSICIAN
OR CORONER
1



Name
in
Full

Goldie Viola Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan.</i>	Day <i>23</i>	Age <i>5</i>	Years	Months <i>4</i>	Days <i>18</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Westminster</i>					
Occupation <i>None</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____						
Father's Name <i>Edward Brown</i>	Father's Birthplace <i>Carroll Co</i>						
Mother's Maiden Name <i>Rachael Brown</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Samuel Brown</i>	How related to deceased <i>Grandfather</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas R. Foutz</i>
	Address <i>Westminster, Md.</i>
Accident or Suicide? _____	

Stones

L. Larnette

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bachman Mills</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death 1905-	Month <i>Jan</i>	Day <i>11</i>	Age	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bachman Mills</i>				
Married, Single or Widowed <i>—</i>			Occupation				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Noah W. Brown</i>				Father's Birthplace <i>York Co Pa</i>			
Mother's Maiden Name <i>Francis A. M. Wentz</i>				Mother's Birthplace <i>Carroll Co Md</i>			
Name of person giving information <i>Noah W. Brown</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature child</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Sherman M.D.</i>	
		Address <i>Manchester Md.</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
Catherine Copenhagen		Town Westminster		County Carroll	
Died at		MARYLAND			
Date of death	1905	Month January	Day 8	Years 88	Months 2
Sex	Female	Color or Race	White	Birthplace	Maryland
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Don't know		Father's Birthplace		
Mother's Maiden Name	" "		Mother's Birthplace		
Name of person giving information	Jas. H. Willigale		How related to deceased		
CAUSES OF DEATH					
Primary	Old age		How long		
Immediate	" "		How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
Accident or Suicide?			Westminster Md		

Shaner

Westminster Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Infant*
near Westminster

County

Seamore

Date

of death *1905*

Month

Jun

Day

1

Age

Years

Months

3

Days

Sex

Occupation

*Female*Color or
Race*White*Birth-
place*Maryland*Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Walter J. Coffersmith*Father's
Birthplace*Maryland*Mother's
Maiden Name*Belle Niggin*Mother's
Birthplace*do*Name of person giving
Information*Walter J. Coffersmith*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Immature Death

How long

3 months

Immediate

Exhaustion

How long

*24 hrs*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Wm D Wells M.D.
Westminster*

Accident or Suicide?

PHYSICIAN
OR
CORONER

Shannon

Gene Paris

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Josiah Crowl</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>7</i>		Years <i>69</i>	
Date of death <i>1905</i>		Months <i>10</i>		Days <i>4</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name <i>George Crowl</i>		Father's Birthplace <i>Carroll Co Md</i>					
Mother's Maiden Name		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>J. W. Crowl</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>2 weeks</i>
Immediate <i>Heart Disease</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jas. H. Ballinger</i>
<i>no</i>	Address <i>Westminster Md</i>
Accident or Suicide?	

Krillens

Name
in
Full

Frederick Dixon

CERTIFICATE

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berrett</i> ^{Town}		<i>Barrel</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>69</i>	Months <i>11</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Berrett</i>		
Occupation <i>farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <i>Mary C. Browning</i>				
Father's Name <i>George Dixon</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Glennia Grimmer</i>	Mother's Birthplace <i>" Ind</i>				
Name of person giving information <i>Charles M. Dixon</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Two years</i>
Immediate <i>Dropsy & Heart Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. P. Lerouk</i>
	Address <i>Taylorville Ind.</i>
Accident or Suicide?	

Name in Full

Certificate of Death

Frederick R. Ernest

Town

County

Died at

Sykesville

Carroll

MARYLAND

1905

Date

Month

Day

Jan

7

Y.

M.

D.

Age

38

Native of

Germany

Occupation

Metric-mailer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Annie Ernest

~~Wife~~

Father's

Name

Karl Vin Ernest

Mother's

Name

Selma Erue

Cause of

Primary

General Paralysis

67

How long sick

about 1 yr

Death

Immediate

Cerebral Congestion

~~Accident, Suicide, Homicide~~

Reported by

Chas. J. Carey M.D.

Address

Springfield State Hospital Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU-79706



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Stonerville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>			
Date of death <i>1905</i>	<i>Jan.</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>69</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Germany</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Susanna Essich</i>				
Father's Name <i>Adam Essich</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Salona Roof</i>	Mother's Birthplace <i>11</i>				
Name of person giving information <i>Susanna Essich</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

Primary

Gen. Anemia

How long

6 months

Immediate

Exhaustion

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm W Wells
Westminster

Accident or Suicide?

Kriders

Stone

Name in Full

Certificate of Death

Gersham Frounfelter

Died in Town District; County

MARYLAND

Date 1905 January, Sunday, Age 49-11-15 Carrall G. M. Farmer
 Male yes White yes Married yes Widow ~~no~~ no
 Female ~~no~~ Colored ~~no~~ Single ~~no~~ no Number of children living 6

Husband of

Wife

Father's Frounfelter - Gont

Mother's Ritzer - Gont

Name Known Christian Name Maiden Name Known Christian Name -

Cause of Primary Convulsions

How long sick

About 6 or 8 hours

Death Immediate Convulsions

Accident, Suicide, Homicide no

Reported by

E. K. Freeman no

Address

Littletown Adams Co., Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75008



Name
in
Full

Albert Laurence Garrison

CERTIFICATE OF DEATH

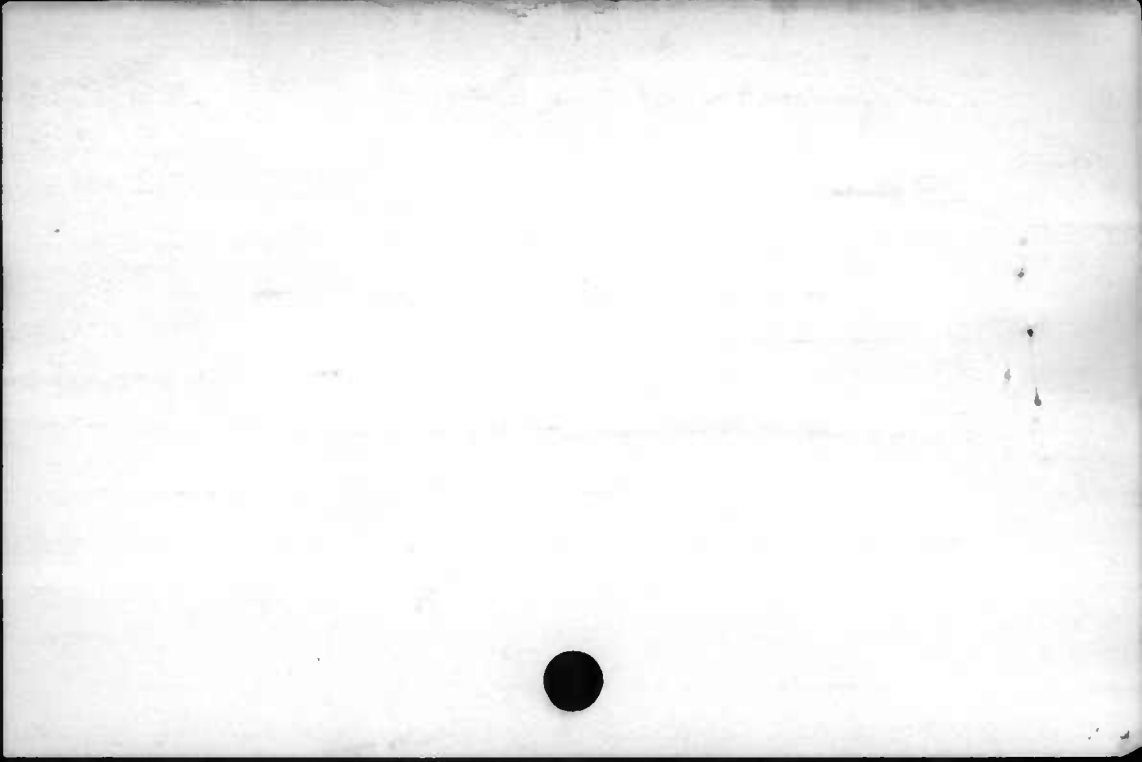
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Hill</i> Town		<i>Leesville</i> County		MARYLAND	
Date of death <i>1904 June 6</i>		Age <i>—</i>		Months <i>11</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>My son's at</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Bert Garrison</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Bert Garrison</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

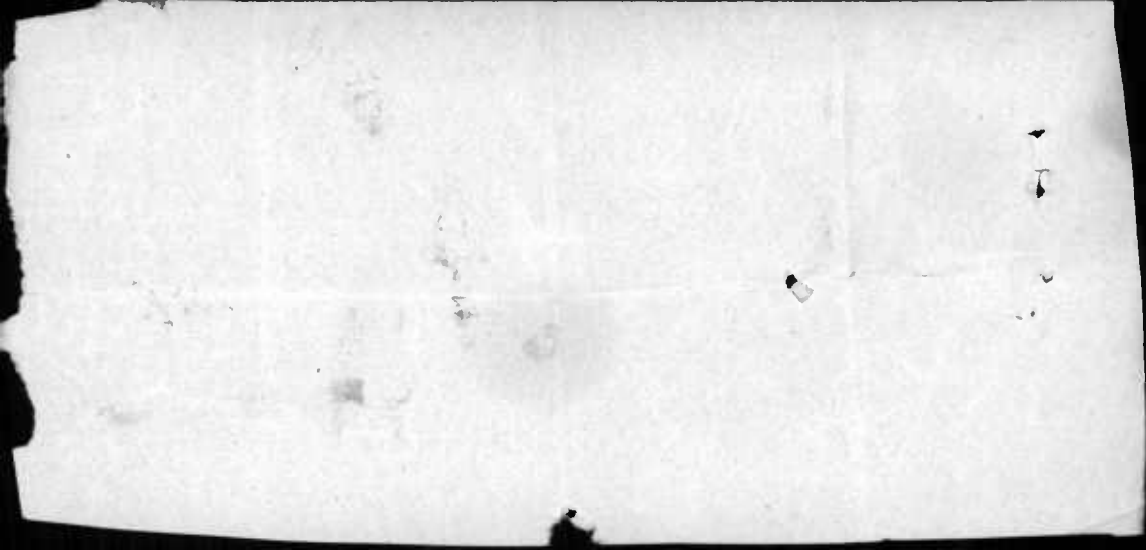
Primary <i>Congestion of Left Lung.</i>	How long <i>—</i>
Immediate <i>Acute Pneumonia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. E. Keagy</i>
	Address <i>Pleasant Hill</i>
Accident or Suicide? <i>—</i>	



Pleasant Hill Jan 6th 1857

This is to certify Albert L. Garrison's
death is due to acute anæmia and
congestion of the left lung.

Chas C. Hoag, M.D.



Name in Full		Town		County		CERTIFICATE OF DEATH	
William Talbot Harris		Hampstead		Carroll		MARYLAND	
Died at		Date of death		Age		Months	
1905 Jan. 8		8		7		Days	
Sex		Color or Race		Birthplace			
Male		White		Hampstead			
Occupation		Where Residing If not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Eugene Harris				Father's Birthplace	
						Carroll Co	
Mother's Maiden Name		Ellen Josephine Boylan				Mother's Birthplace	
						Ireland	
Name of person giving information		Eugene Harris				How related to deceased	
						Father	
CAUSES OF DEATH							
Primary		Broncho Pneumonia				How long	
						Three days	
Immediate		Harris				How long	
						Two hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. F. Richards M.D.	
				Address		Hampstead Carroll Co	
Accident or Suicide?							

Don't

Name
in
Full

Hattie Kisner

CERTIFICATE OF DEATH

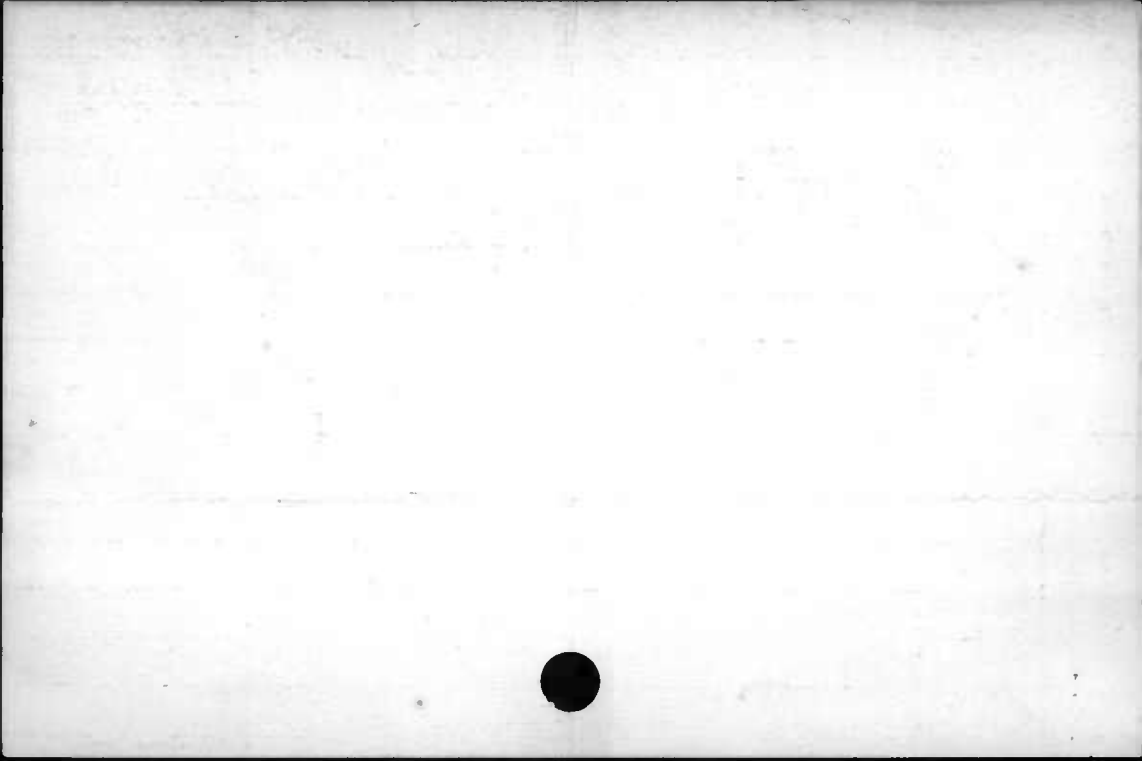
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dykesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>1st</i>	Day <i>2nd</i>	Years <i>58</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wash. D. C.</i>	
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Not known</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Mary Tate</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Melancholia</i>	How long <i>Over 3 years</i>
Immediate <i>Syncopa</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield State Hospital, Dykesville, Carroll Co., Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

Wm J. Lee

MARYLAND

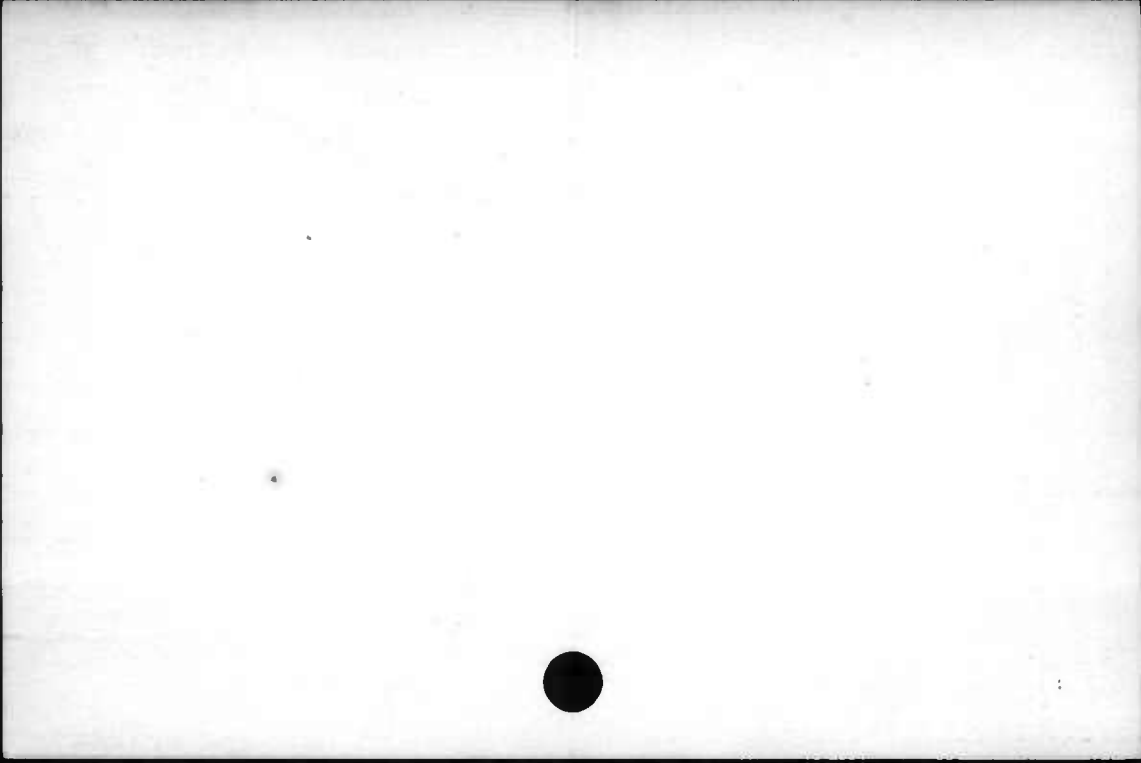
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Newryville</u> ^{Town}		<u>Carroll</u> ^{County}			
Date of death <u>1905</u>	<u>Jan</u> ^{Month}	<u>27</u> ^{Day}	Age <u>43</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co.</u>			
Occupation <u>Electric laborer</u>	Where Residing If not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	<u>—</u> ^{Name of Wife or Husband}				
Father's Name <u>Thomas Lee</u>	Father's Birthplace <u>Carroll Co.</u>				
Mother's Maiden Name <u>Sarah Hobbs</u>	Mother's Birthplace <u>Carroll Co.</u>				
Name of person giving information <u>Jas. R. Weir</u>	How related to deceased <u>Cousin</u>				

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary	<u>Abscess of Liver</u>	How long	<u>4</u> <u>About 6 mos</u>
Immediate	<u>Blood poisoning</u>	How long	<u>About 1 week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Wm J. Weir</u>
		Address	<u>Newryville</u> <u>Md</u>
Accident or Suicide?	<u>—</u>		



Name
in
Full

Magdaline V. Lockard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Sandysville^{County} Carroll

Date of death 1905 Jan 5

Month Day 25

Age Years 2

Months 9

Days 4

Sex Female

Color or Race white

Birthplace Maryland

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name J. Walter Lockard

Father's Birthplace Maryland

Mother's Maiden Name Lora Holmes

Mother's Birthplace do

Name of person giving information J. Walter Lockard

How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia 93

How long week

Immediate

How long "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. T. Haring

Address West

Accident or Suicide?

Shaver

Pleasant Grove

Name
in
Full

CERTIFICATE OF DEATH

Ellen A. Merryman

Town

County

MARYLAND

Died at

Hampstead

Carroll

Date

of death 1905

Month

1

Day

24

Age

Years

45

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Westminster, Md

Occupation

Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name of wife or
Husband

Geo. H. Merryman

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Bertr Merryman

How related
to deceased

Son

CAUSES OF DEATH

Primary

Phlegmonous Erysipelas

How long

8 da

Immediate

Acute Gangrene

How long

18

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

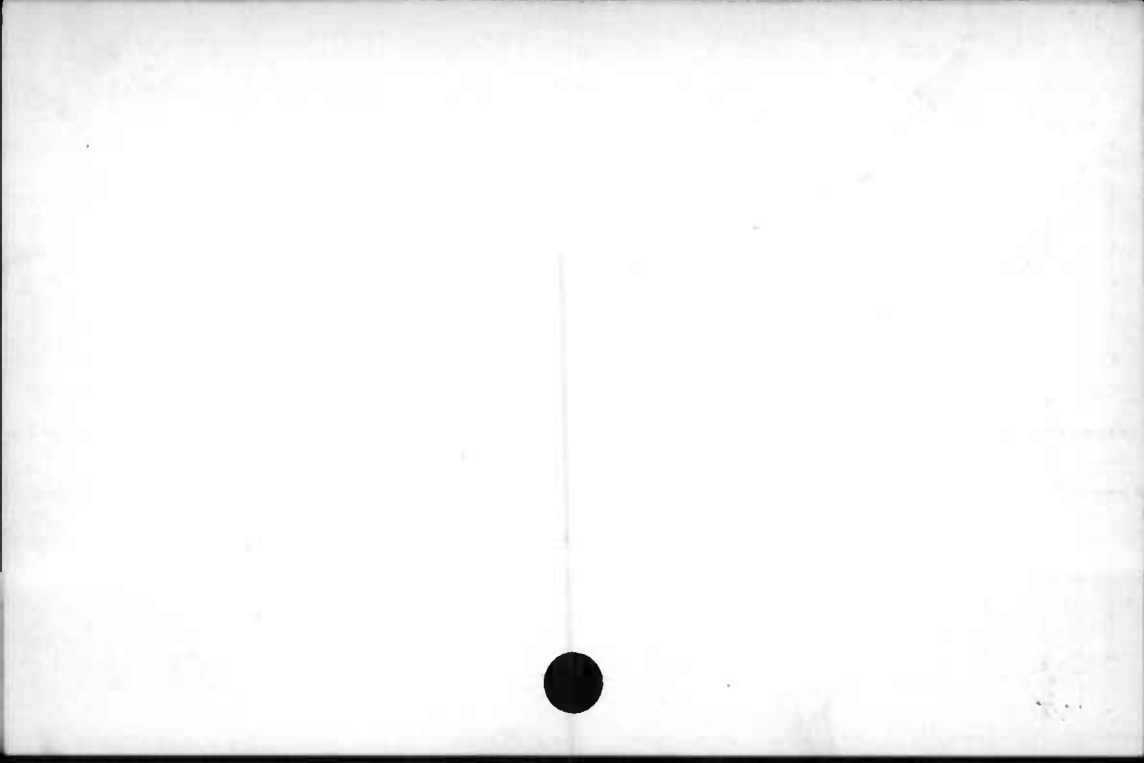
Edgar M. Bush, M.D.

Address

Hampstead, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Catherin Musser

CERTIFICATE OF DEATH

Died at ^{Town} Silver Run^{County} Carroll

MARYLAND

Date
of death 1905^{Month} 12^{Day} 10Age ^{Years} 89^{Months} 1^{Days} 28

Sex Female

Color or
Race WhiteBirth-
place Gettysburg

Occupation

Where Residing if not
at place of death Silver Run~~Married, Single~~
or WidowedName of Wife or
Husband John MusserFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Jonas Lock

How related
to deceased

not related

CAUSES OF DEATH

Primary

How long

Immediate

How long 6 Hours

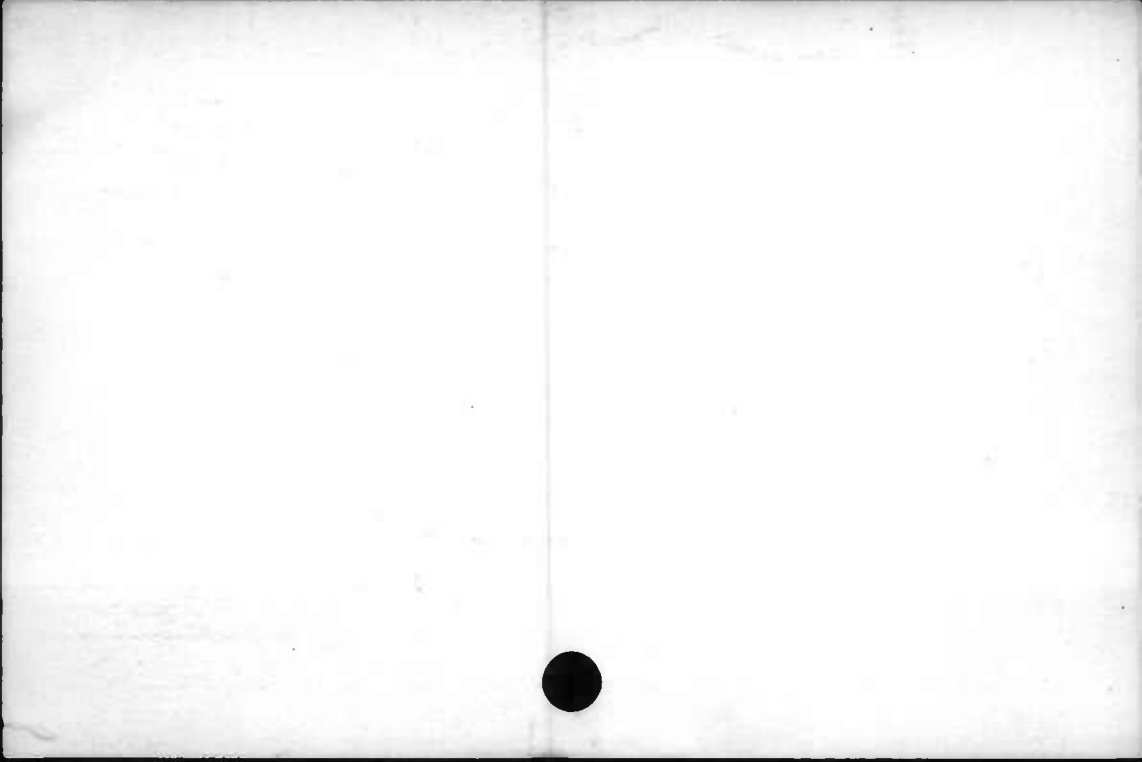
Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianDr. J. S. Marshall
Address Silver Run, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lewis. A. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Warfieldsburg

^{County} carroll

Date of death 1905

^{Month} Jan

^{Day} 31

Age

^{Years} 69

^{Months}

^{Days}

Sex

Male

Color or
Race

White

Birth-
place

Ind K. Co

Occupation

Retired

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Jessie Myers

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis
Exhaustion

How long

24 hrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. T. Brooker,
Marston,

Accident or Suicide?

Per C. R. Foutz, M.D.

LIBRARY BUREAU A6516

PHYSICIAN
OR CORONER



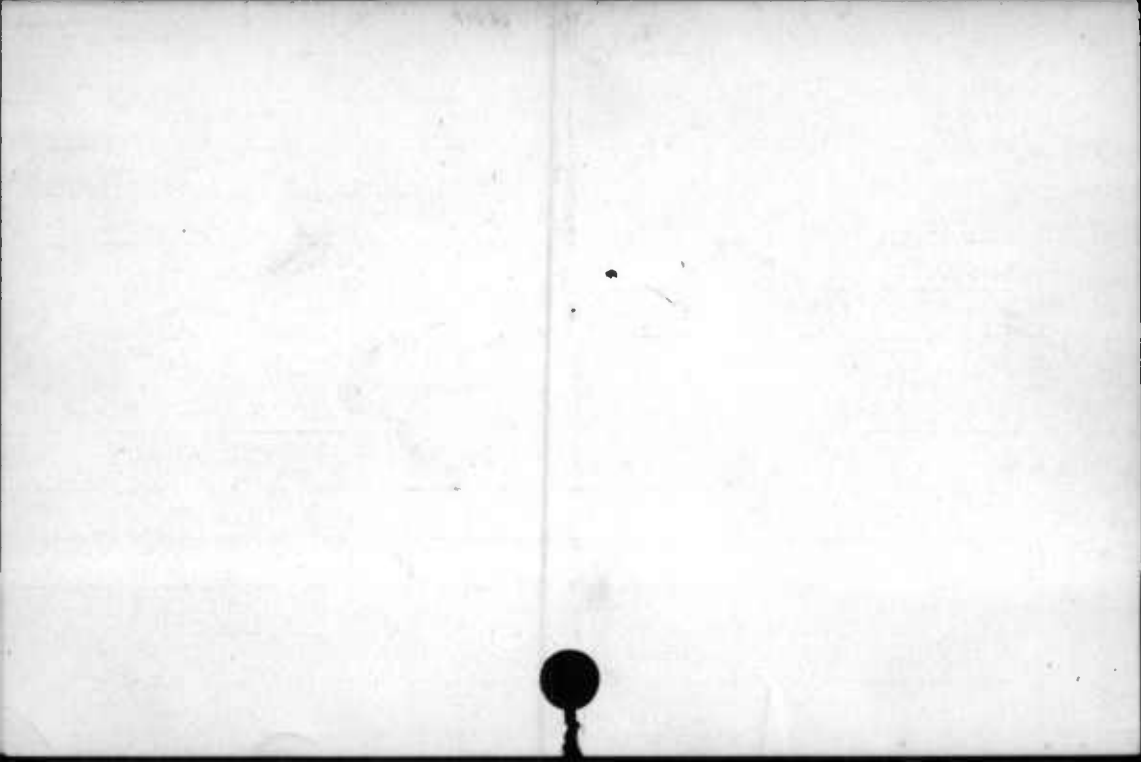
stones

Stone chisel

Name in Full		Bonner Nee				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Henryton</i>		Town <i>Carroll</i>		County		MARYLAND
	Date of death	<i>1905</i>	Month <i>July</i>	Day <i>15</i>	Age <i>68</i>	Years	Months <i>—</i> Days <i>—</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birthplace <i>Ireland</i>
	Occupation	<i>Rail Road Laborer</i>			Where Residing If not at place of death <i>—</i>		
	Married, Single or Widowed	<i>Yes</i>		Name of Wife or Husband	<i>Mary Bridget Nee</i>		
	Father's Name	<i>Unknown</i>				Father's Birthplace	<i>County of Galway Ireland</i>
	Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Ireland</i>
PHYSICIAN OR CORONER	Name of person giving information		<i>Mary Bridget Myers</i>		How related to deceased <i>Daughter</i>		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		<i>Myelitic Dementia</i>			How long <i>2 1/2 years</i>	
	Immediate		<i>Failure of the Nervous System</i>			How long <i>Two weeks</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>Samuel B. Sprecher</i>		
					Address <i>Sylvesterville Ind</i>		
	Accident or Suicide?		<i>—</i>				

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Manorville</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
	Date of death	1905	Month	January	Day	26
	Age	75	Years	10	Months	23
	Sex	Male	Color or Race	white	Birth-place	Balto, Co -
	Occupation	Farmer		Where Residing if not at place of death		
	Married, Single or Widowed	Widower	Name of Wife or Husband	Mary E. Holbrook-Deceased		
	Father's Name	William Oursler		Father's Birthplace	Balto	
PHYSICIAN OR CORONER	Mother's Maiden Name	Dorsey		Mother's Birthplace	Unknown	
	Name of person giving information	Ezra L. Oursler		How related to deceased	Son	
	CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Pneumonia Complicated by Pericarditis			How long	6 Days
	Immediate	Failure of Heart			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
			Address		Sykesville Md.	
	Accident or Suicide?					



Name
in Full

CERTIFICATE OF DEATH

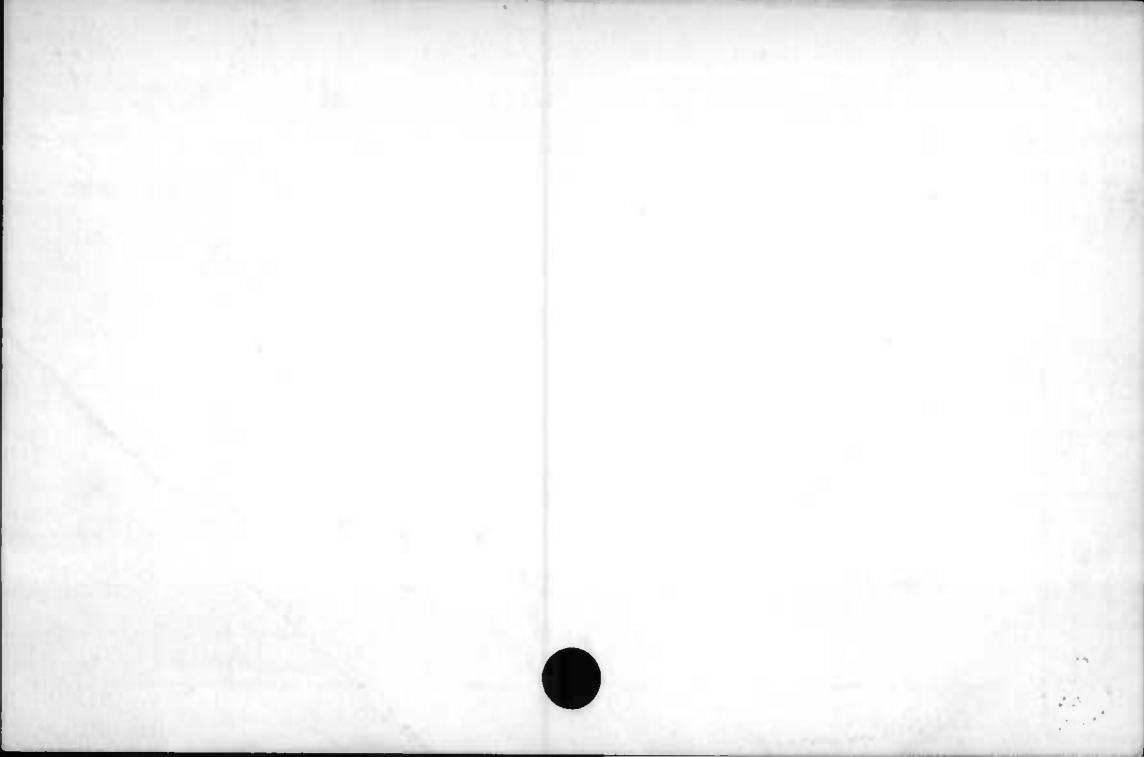
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>George W. Pickett</i>		Town <i>Taylorville</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>near</i>		Month <i>1</i>		Day <i>24</i>		Years <i>1</i>	
Date of death <i>1905</i>		Age <i>1</i>		Months <i>11</i>		Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co.,</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>near Taylorville</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Eugene Pickett</i>		Father's Birthplace <i>Carroll Co.,</i>					
Mother's Maiden Name <i>Verdie Pickett</i>		Mother's Birthplace <i>Fredrick Co.,</i>					
Name of person giving Information <i>Eugene Pickett</i>		How related to deceased <i>Father</i>					

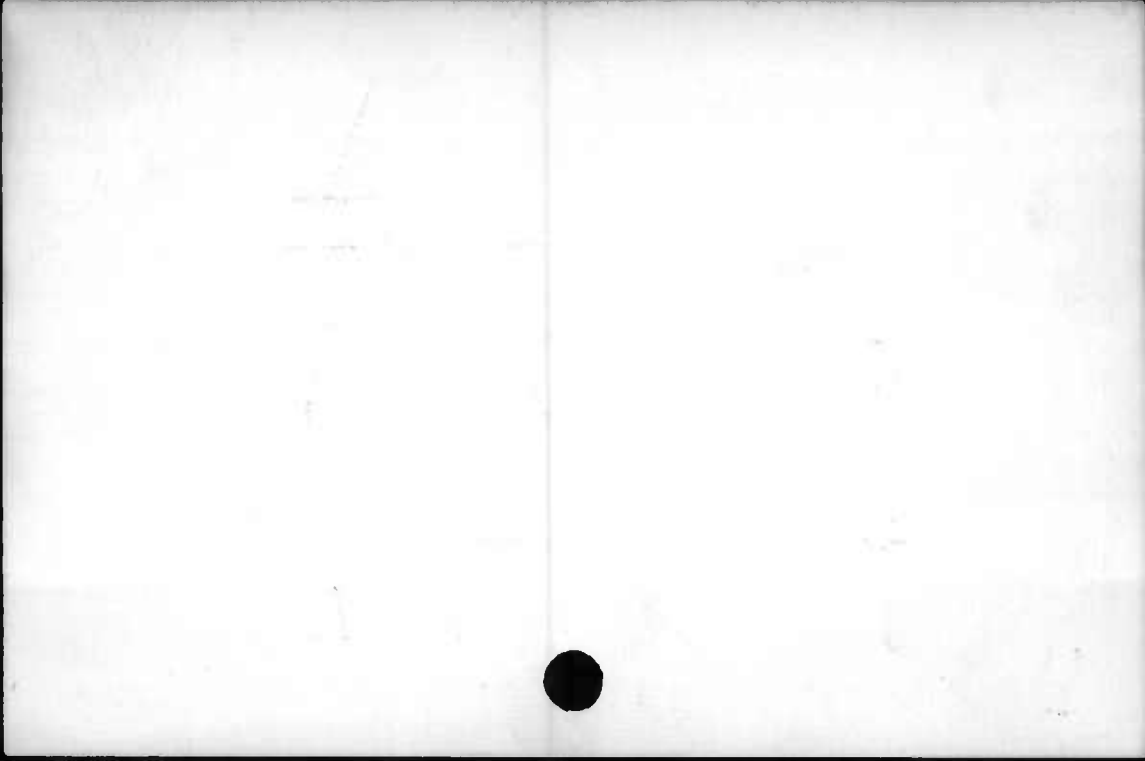
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Laryngismus stridulus</i>	How long <i>three days</i>
Immediate <i>Convulsions</i>	How long <i>half-hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Cronk</i>
	Address <i>Taylorville</i>
	<i>W. Va.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>York Road</i>		Town <i>Not named</i>		County <i>Barre</i>
	MARYLAND				
	Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>21</i>	Age Years	Months
	Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Ind</i>	
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>J. Louis Reifinder</i>		Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Alice C. Shoemaker</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Father</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Immature birth</i>		How long	<i>15</i>
	Immediate	<i>Exhaustion</i>		How long	<i>12 hours</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O'Brien W.C.</i>		
	Yes		Address <i>Taney town Ind.</i>		
	Accident or Suicide?				



Louisa Rhubottom

Town

County

Died at

Sykesville

Carroll

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 14

Age

83 - -

Md.

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

~~Widow~~

Number of children living 8.

Husband of

Wife

Father's

Name

102
Mother's
Name

Cause of

Primary

Burns of entire body

How long sick

Death

Immediate

Shock

Accident, Suicide, Homicide

Reported by

W D Morris, M.D.

Address

Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



5

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Taylorville</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death	1905	Month <i>1</i>	Day <i>27</i>	Age <i>74</i>	Years	Months <i>5</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Occupation <i>farmer</i>	Where Residing if not at place of death <i>Taylorville</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Rachel Gordon</i>						
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Howard Shipley</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

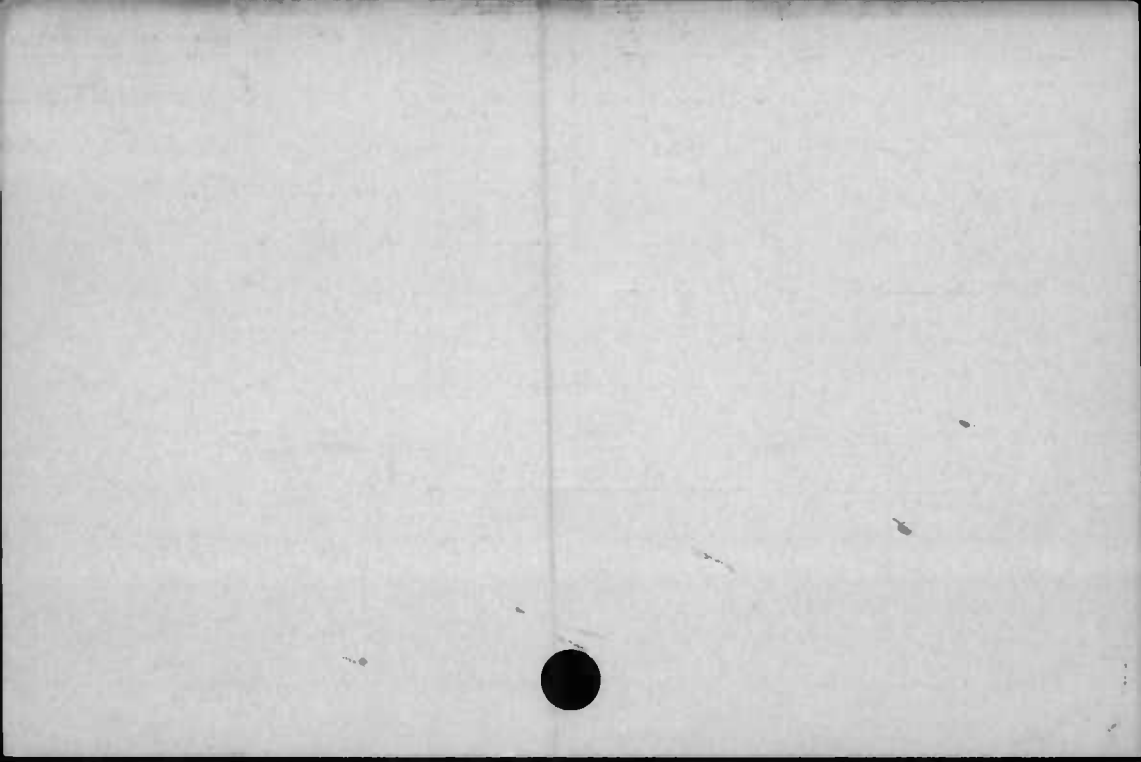
Signature of Physician

Address

James M. Pickett
Undertaker

Accident or Suicide?

Woodburn Md



Name
in
Full

Frances Smith

CERTIFICATE OF DEATH

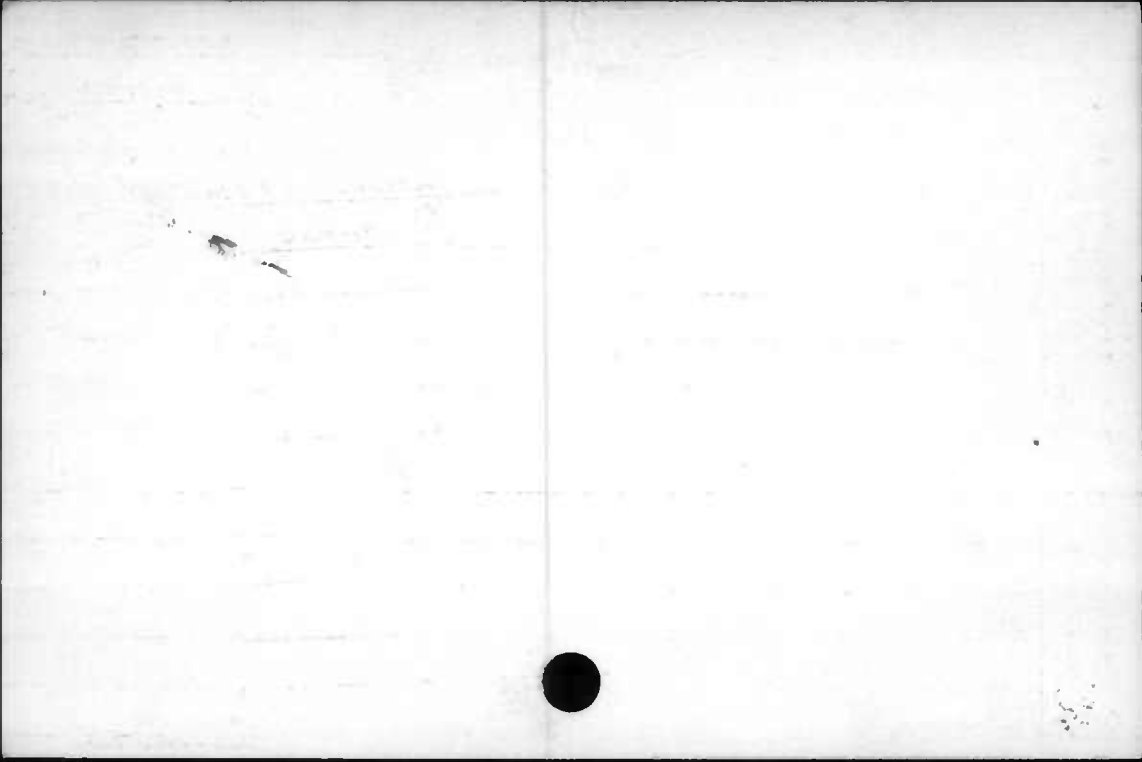
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sylkesville</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>14</i>	Years <i>29</i>	Age	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Howard Co,</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Yes</i>	Name of Wife or Husband <i>Wade Smith</i>						
Father's Name <i>John Wesley Davis</i>	Father's Birthplace <i>Howard Co</i>						
Mother's Maiden Name <i>Frances Johnson</i>	Mother's Birthplace <i>Howard Co</i>						
Name of person giving information <i>John W. Hammond</i>	How related to deceased <i>Cousin</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplectic - Cerebralis</i>	How long <i>one week</i>
Immediate <i>Failure of Nervous System</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Daniel B. Brecher</i>
	Address <i>Sylkesville Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Martha Ann Virginia Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND						
Date of death		1905	Month	January	Day	24	Age	63	Months	4	Days	
Sex		Female		Color or Race		Colored		Birth-place		Maryland		
Occupation		House servant		Where Residing if not at place of death								
Married, Single or Widowed		Widow		Name of Wife or Husband		Nathan Snowden						
Father's Name		Deant Know		Father's Birthplace								
Mother's Maiden Name		Rebecca Elder		Mother's Birthplace		Maryland						
Name of person giving information		Francis E Bell		How related to deceased		Sister						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypertrophy of Heart	How long	
Immediate	Apoplexy	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. R. Foote	
Address		Westminster Md.	
Accident or Suicide?			

Elmets Cemetery

Shannon

Name in Full

Certificate of Death

William Stant

Dr Gardner

Town

County

Died at

MARYLAND

1905
 Date 189
 Male
 Female
 White
 Colored
 Married
 Single
 Widowed
 Widower
 Native of Maryland
 Occupation Farmer
 Number of children living

Husband of

Wife
 Father's
 Name

Mother's
 Name

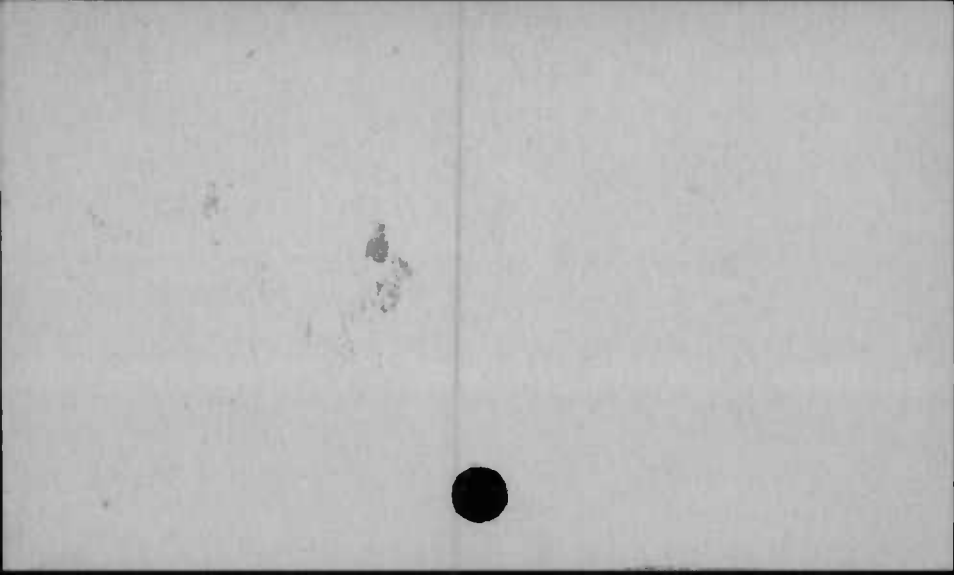
Cause of Death { Primary Effluxy
 Immediate Hemorrhage
 How long sick 8 Hours
 Accident, Suicide, Homicide

Reported by

(1)
 Add:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 85088



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

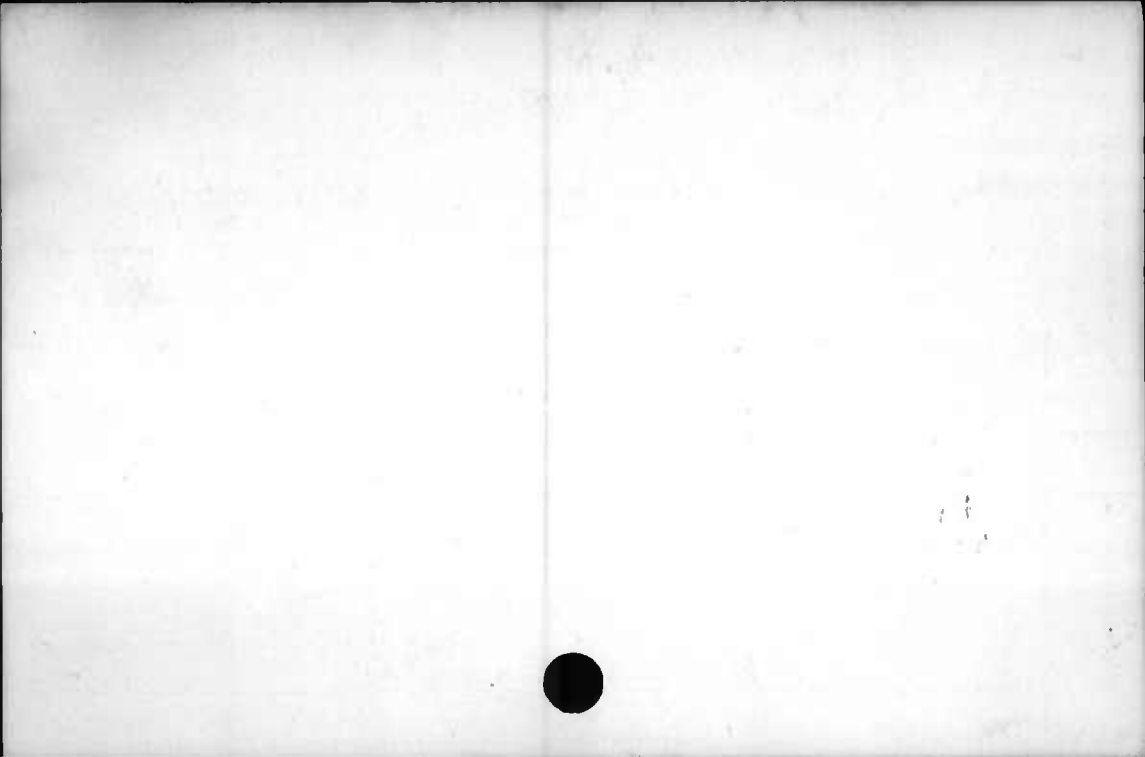
Died at <i>Taneytown</i>		Town, <i>Stell</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>14</i>	Age	Years	Months	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Taneytown Dist.</i>				
Occupation			Where Residing if not at place of death				

Married, Single or Widowed	Name of Wife or Husband	Father's Name <i>Unknown</i>	Father's Birthplace
Mother's Maiden Name <i>Bessie Stutz</i>	Name of person giving Information <i>Harvey Stutz</i>	Mother's Birthplace <i>Ind</i>	How related to deceased <i>Grandfather</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary <i>Immature</i>	How long
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. B. Brinner</i>
	Address <i>Taneytown Ind</i>
Accident or Suicide?	



Name
in
Full

Lelara Wantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Valley</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1905</i> Year	<i>Jan</i> Month	<i>11</i> Day	Age <i>41</i> Years	Months <i>5</i> Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Robert Wantz</i>			
Father's Name <i>Michael J. Froel</i>			Father's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Mary Brown</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Robert Wantz</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Gardner by neck</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. J. Henning</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	

Stoner

Presented by

Name in Full

Certificate of Death

Dennis White ✓

Town

County

Died at near Eldersburg Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1/9/35

Jan. 21

Age 77

- -

Md.

acorn

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Carcinoma of Rectum

Death

Immediate

How long sick

3 yrs.

Accident, Suicide, Homicide

Reported by

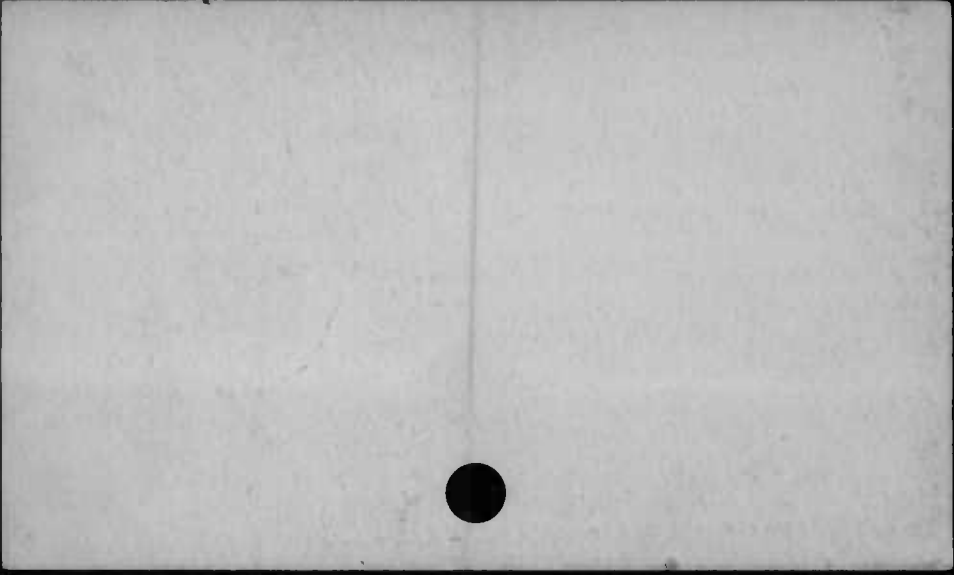
W.D. Morris, M.D.

Address

Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Ida Woodyard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* *Carroll*

MARYLAND

Date of death *1905* *Jan* *12* Age *45* Months *—* Days *—*

Sex *Female* Color or Race *coloured* Birth-place *Md.*

Occupation *Housework* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Andrew Woodyard*

Father's Name *Ephraim Ridgely* Father's Birthplace *Md.*

Mother's Maiden Name *Susan Lewis* Mother's Birthplace *Md.*

Name of person giving information *Joseph Milcox* How related to deceased *Not related*

CAUSES OF DEATH

Primary *Heart Disease* How long *several years*

Immediate *Cardiac Syncope* How long *1/2 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. R. Fouts*

Address *Westminster Maryland*

Accident or Suicide? *—*

PHYSICIAN
OR CORONER

1

Slower

Name
in
Full

Albert Woolery

CERTIFICATE OF DEATH

Died at ^{Town} Westminster^{County} Carroll

MARYLAND

Date of death 1905 ^{Month} Jan ^{Day} 17Age ^{Years} 2^{Months} —^{Days} —Sex ^{Male}Color or Race ^{White}Birth-place ^{Maryland}

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

James H Woolery

Father's Birthplace

Maryland

Mother's Maiden Name

Ella Mobley

Mother's Birthplace

N.C.

Name of person giving information

James H Woolery

How related to deceased

Father

CAUSES OF DEATH

Primary

General Bums

How long

8 hrs

Immediate

Shock

How long

8 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm D Wells
Westminster Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
CORONER

James



Name
in
Full

CERTIFICATE OF DEATH

Gladys May Woolery

Town

County

MARYLAND

Died at

Westminster

Carhol

Date

of death 1904

Month

January

Day

17

Age

Years

3

Months

6

Days

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James H Woolery

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ella Mobley

Mother's
Birthplace

do

Name of person giving
in formation

James H Woolery

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cerebral Dura

How long

2 hrs

Immediate

Stroke

How long

2 hrs

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianWm D Wells
Westminster Md

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OF CORONER

Shaver

Name in Full

Certificate of Death

Susan Jeff

Town

County

Died at

Manchester

Carroll

MARYLAND

Date 189

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 26

Age

83

1

28

Maryland

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Wm L Jeff

Jacob Sherman

Mother's
Name

Elizabeth Bear

Cause of

Primary

Complication of diseases

How long sick

2 months

Death

Immediate

+ General Debility -

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Adam Zimmerman

CERTIFICATE OF DEATH

Died at *Westminster* TownCounty *Carroll*

MARYLAND

Date of death *1905* Month *June*Day *24*Age *85* YearsMonths *7*Days *1*Sex *Male*Color or Race *White*Birth-place *Carroll Co*Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed *Widower*

Name of Wife or Husband

Father's Name *Don't know*Father's Birthplace *Don't know*Mother's Maiden Name *" "*Mother's Birthplace *" "*Name of person giving information *J. Hahn*How related to deceased *Friend*

CAUSES OF DEATH

Primary *Old Age*How long *6 months*Immediate *Heart*How long *8 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo S. Matthias*Address *Westminster*

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OR CORONER

1

Glenn

Conroy